



Please return via E-Mail, mail or fax.
Attn: Credit Department
PO Box 411117
Melbourne, FL 32941
(321)250-6391 or arcanada@eclipseadvantage.com

CREDIT APPLICATION

Instructions: Please print or type. Fill in all spaces and complete by signing where indicated. A signature is mandatory and must be signed by owner, partner or corporate officer, stating title. A facsimile signature will be deemed the same as an original.

Full Business Name: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Billing Address: \_\_\_\_\_
(street address) (city, prov, postal)

Shipping Address: \_\_\_\_\_
(street address) (city, prov, postal)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web address

Accounts Payable Contact: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Additional Key Contact Person: \_\_\_\_\_
Name Title

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail:

Corporation Partnership LLC LLP Sole Proprietor

Trade References

Company Name: \_\_\_\_\_ Trade Contact: \_\_\_\_\_

Address: \_\_\_\_\_
(street address) (city, state, zip)

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Trade Contact: \_\_\_\_\_

Address: \_\_\_\_\_
(street address) (city, state, zip)

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Please feel free to attach your credit references on an alternate document



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Owner(s)/Officer(s) Names

(Corporate Officers need not complete \* items)

Name
Title
\* E-Mail
\* Phone:
[Blank lines for input]

Have any of the above ever had a business failure or filed any type of bankruptcy proceeding?

[ ] Yes [ ] No If yes, please provide a full explanation on a separate page.

The above statements are certified to be true and correct and are submitted in support of and as part of the application for credit made herein.

Credit Terms: Invoice terms are Due upon Receipt and are to be paid in Canadian dollars. If invoices are not paid within thirty (30) days of the invoice date, Eclipse Advantage reserves the right to charge interest at the rate of one and one-half percent (1 1/2%) per month.

Note: Eclipse Advantage personnel do not have access to carrier paperwork, including Pro Numbers or Bill of Lading Numbers, on the dock and these cannot be reflected on invoices unless furnished to Eclipse Advantage by your company directly.

Please be sure that this form is filled out completely to avoid delays in processing your application for credit. Thank you for the opportunity to be of service.

SIGNED: (Full Name of Firm)
BY: (Member of Firm)
Print Name:
Title:
Date:
[Blank lines for input]

Credit History Release Agreement

Trade References may require that a written release be obtained before credit information will be provided to Eclipse Advantage.

Please sign in the space indicated below so your credit application may be completed. Thank you for your cooperation.

I authorize credit information be given to Eclipse Advantage, at any time.

Company: (Full Name of Firm)
BY: (Authorized Signature of Firm Member)
Print Name:
Title:
Date:
[Blank lines for input]